

Kentucky e-Health Network Board

September 1, 2010

Draft Minutes

Meeting No. 35

Capitol Annex – Room 131

3:00 pm – 4:30 pm

Board Members in Attendance:

Dr. Larry Cook, Co-Chair – University of Louisville
Dr. Carol Steltenkamp, Co-Chair – University of Kentucky
Phil Baughn - Commonwealth Office of Technology
Rep. Bob DeWeese – House of Representatives
Dr. David Bensema – At-Large Member representing KMA
David Bolt – At-Large Member representing physicians Practice Managers
Murray Clark – At-Large Member representing KHA
Dr. William Hacker - Kentucky Department for Public Health
Allen Lind, Proxy for Robert King – Kentucky Council on Postsecondary Education
Al Perkins, Proxy for Sharon Clark – Kentucky Department of Insurance
Senator Katie Stine – Senate President Pro Tem
Dr. Kim Williams – At-Large Member representing KMA

Absent:

Deborah Clayton – Kentucky Department of Commercialization & Innovation
Senator Julie Denton - Senate
Betsy Johnson – Kentucky Department for Medicaid Services
Bruce Klockars – At-Large Member representing KHA & Rural Hospitals
Larry Mott – At-Large Member representing Business with e-Strategy
Janie Miller – Secretary, Kentucky Cabinet for Health & Family Services
Rep. Tommy Thompson – House of Representative

Staff:

Donna Veno – Executive Assistant

Welcome and Introductions

The meeting was called to order by Dr. Larry Cook Co-Chair. He and Dr. Steltenkamp welcomed everyone and asked the members to introduce themselves and report on any current events in e-health.

- Dr. Hacker reported that he attended the HIMSS meeting in June 2010, chaired a congressional staffers briefing in July focusing on the role of public health and health information exchange, and in August was on a planning committee of the immunization registry summit and discussed how to harmonize immunization registries across state lines.
- Allen Lind informed the board that Kentucky received \$325 million dollars which will be used to build out rural broadband networks.
- Dr. Kim Williams updated the board on the NorthEast Kentucky RHIO's pilot to exchange health information with hospitals. The pilot continues through the end of the year. Application for a second HERSA grant is also being made. The REC is underway and administrative support has been hired. Interviews are currently underway for the Executive Director.

- Dr. Steltenkamp stated she is on the national board of the HIMSS organization. The University of Kentucky was named a regional extension center working with HealthBridge and NorthEast Kentucky RHIO to cover the northeast Kentucky counties. In addition, UK is partnering with UofL to bring regional extension services to the priority primary care practices in Kentucky.
- Phil Baughn stated there will be a second round of grant money for broadband mapping extension and services. Kentucky is one of the first states to consider overlaying population and certain business layers to coverage models.
- David Bolt stated that the three Regional Health Care Affiliate offices in Webster, McLean and Hopkins counties have implemented an electronic medical record (EMR) system.

Review and Approval of December 2009 and May 2010 Meeting Minutes

David Bolt moved for the approval of the December 2009 and May 2010 meeting minutes; Dr. Bill Hacker seconded the motion. Motion carried.

Communications

Kentucky Health Information Exchange Update

Jeff Brady, Executive Director of the Governor's Office of Electronic Health Information, provided an update on the Kentucky Health Information Exchange (KHIE). Jeff gave a summary of ARRA which was set up to provide state grants to promote health information technology. The Governor's Office of Electronic Health Information was established to provide leadership for health information technology. The Medicaid Transformation Grant allowed for the development of core functionality of the KHIE. Kentucky received an ARRA State HIE Cooperative Agreement in the amount of \$9.75 million. A Strategic and Operational Plan was developed and submitted on August 27, 2010 and is awaiting approval. With plan approval, the \$9.75 million will be made available to further the statewide health information exchange. A KHIE Coordinating Council and six committees were established by Administrative Order to address governance, finance, technical infrastructure, business and technical operation and legal/policy. An environmental scan was completed on the use of electronic medical records, e-prescribing and electronic lab reporting. Only 16% of providers are actually e-prescribing. Nationally, only 4% of providers are fully utilizing EMRs today.

KHIE is helping the initial pilot hospitals determine obstacles. Many hospital EMR systems running today are not capable of meeting the current standards of technology (CCD – Continuity of Care Document data transfer). Other issues include the cost of EMRs, disruption of the practice for EMR implementation, as well as acquiring approval of Participant Agreements to partner with the KHIE.

KHIE wants to provide the technology connectivity for providers and hospitals in the next two to three years at no cost. The sustainability of the KHIE is being addressed and there will most likely be subscription rates or a mechanism to pay for future connectivity. Jeff stated that Edge Servers are available to hospitals for storing their data if they so desire. The data exchange I-HUB will be the portal to transfer lab results, lab orders, immunizations, Medicaid claims data, and clinical data from the hospitals back and forth via the KHIE.

There are two regional extension centers in Kentucky; University of Kentucky and Health Bridge. The ONC has named the first two authorized certification groups: Certified Commission for Health Information Technology (CCHIT) and the Drummond Group Inc. (DGI). The Cabinet for Health Services is contributing Medicaid claims data, state laboratory results (newborn screenings), and Immunization Registry data to the KHIE.

Discussions are currently taking place with the E-KASPER program on the availability of controlled substances data.

Discussions continued on the KHIE connectivity and sustainability issues for hospitals and physician offices. Dr. David Bensema, an At-Large Member representing the Kentucky Medical Association went on record regarding costs to physicians for KHIE connectivity. He stated that physicians are currently receiving the data without costs and drive no direct or economic benefit. He stated the source of funding should be focused on those parties who do drive an economic benefit. Lab Corp has an economic model currently in place that pays for the interface with physician offices that supports interfaces and transmission and storage of data. He suggest that the KHIE Council and this board continue to look at other sources for the funding instead of a per click or subscription status with the physicians. Jeff commented that Medicaid may commit to fund their portion of the KHIE. KHIE may pursue funding through the payor organizations.

State Medicaid HIT Plan Update

Bob Nowell, Director of Medicaid Services, provided an update on the State Medicaid Health Information Technology Plan (SMHP). The SMHP encompasses the KHIE, EHRs, Provider Incentive Plan and Meaningful Use. There are four primary components: (1) Current Landscape ("as is" today); (2) HIT Future ("to be" 4-5 years); (3) Actions necessary to implement the Provider Incentive Plan; and (4) HIT Roadmap – How SMHP will be implemented. Medicaid will be utilizing the work that has been done in the current landscape, defining benchmarks of existing capabilities and functions, conducting provider surveys across the state accessing the status of electronic commerce, working closely with the RECs for both the EHR and administration of the Incentive Program. One of the first things to do is provider communication and assessment and identify and understand all Medicaid enrolled providers, specifically eligible providers in addition to hospitals. The provider community needs to be educated on health information technology in conjunction with RECs and associations. Increase awareness of the Incentive Program as well as the relationship of the certified EHR technology and meaningful use and how it will come together also needs to be addressed. A five-year plan will be developed identifying the future of health information technology, percentage of eligible providers that will be adopted with meaningful use, and the inclusion of all stakeholders, system architecture for the Medicaid Management Information System (MMIS), provider interfaces, and how they will report meaningful use. Medicaid is also looking at how the state will provide technical assistance and perform assessments on adoption, implementation, upgrades and meaningful use; look at how to assure that a population with unique needs will be addressed by EHRs, address any regulatory changes that may need to be revised to permit or facilitate adoption, and ultimately harmonize with the HIT landscape, MITA and KHIE architecture.

The Provider Incentive Program is a six-year program based on provider adoption of certified EHR technology with a \$63,750 payout. Components include provider eligibility determination, provider payment calculation, provider payment, provider participation, audit program components (fraud, duplicate payments, coordination with Medicare).

THE SMHP process will produce the Health Information Technology Roadmap. It looks at the Provider Incentive Program, administration role, staff, benchmarks and measurements. Projections on the percentage of eligible providers meeting meaningful use and plans for achieving those numbers will also be developed. A detailed program implementation operational plan will be developed as well as developing provider communications. An Implementation Advance Planning Document will be submitted for the release of the federal

monies. All incentive payments made to providers will be 100% covered by the federal government.

There is a base list of requirements from the federal government for meaningful use. The state has the ability to add in additional requirements for quality providers to reach incentives. David Bolt asked whether there would be additional meaningful use criteria. Any additional standards must have the approval of CMS. CMS has indicated that additional standards added by states will very likely become national standards. Medicaid is just beginning to look at the federally designated criteria and will look to see if there are things that would work out better for Kentucky specifically. David suggested that the provider groups such as KMA, KHA, need to be brought in, involved, and have ownership of any additional identified criteria. On another note, Medicaid has no penalties; however, Medicare has penalties after 2015 if meaningful use is not met.

Next Board Meeting

The next meeting of the board is scheduled for February 2, 2011, from 3:00 – 4:30 pm, at the Capitol Annex, Room 131.

Submitted by Donna Veno
February 2011